

FORM ACJ-135A

ALLEGHENY COUNTY PRISON

950 SECOND AVENUE
PITTSBURGH, PA 15219

INMATE'S REQUEST TO STAFF MEMBER

Complete Items Number 1-6.

If you follow instructions in preparing your request,
it can be disposed of more promptly and intelligently.

Replaces JBC 135 which may be used.

1. TO: (NAME AND TITLE OF OFFICER) <u>Laura K. Williams</u> <u>Chief Deputy Warden of Medical</u>		2. DATE <u>9/20/2020</u>
3. BY: (INSTITUTIONAL NAME AND NUMBER) <u>Michael Ginyard 128748</u>		
4. WORK ASSIGNMENT <u>Pod 4C</u>	5. QUARTERS ASSIGNMENT <u>Cell 207</u>	
6. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS		
<p>Dear Ms. Williams: Since early June I have been experiencing severe nerve pain in my feet. I know this could be a symptom of Diabetes. I have submitted many sick call request and was informed I would be called to the clinic to have my A1C's checked. I was also told that if diabetes wasn't the source of my pain, the source would be discovered and I would be treated accordingly. I also wrote many grievances and also an appeal to a grievance that was ruled valid. I was also told by Mr. Louis Del-Prete on 8/27/2020 I would be seen soon and if not then submit a sick call request directly to him. I did that twice and my medical request to address the pain in my feet has still gone unaddressed. Can you please ensure I'm treated for this medical issue. Thank you for your time and attention in this matter</p> <p style="text-align: right;">Sincerely <u>Michael Ginyard</u></p>		
7. DISPOSITION: (DO NOT WRITE IN THIS SPACE)		
<input type="checkbox"/> TO ACJ-14 CAR ONLY <input type="checkbox"/> TO ACJ-14 CAR AND ACJ-15 IRS		
STAFF MEMBER		DATE

EXHIBIT J